



PHYSICAL THERAPY BOARD OF CALIFORNIA

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204
TELEPHONE: (916) 561-8200 FAX: (916) 263-2560



CERTIFICATE OF COMPLETION

(To be completed by College Registrar or Program Director Only)

INSTRUCTIONS: Applicants must submit this form for proper signature where the physical therapist or physical therapist assistant program was completed. **This form is to be completed by the college/university registrar or program director only.** The Certificate of Completion must be received in this office prior to approval for examination. Please submit this form to the Board with your application. **This form must remain in the sealed envelope or it will be returned!**

☐ Physical Therapist

☐ Physical Therapist Assistant

This certificate is to certify _____
Candidate's First Name Last Name Other Last Names Used
 has completed all coursework, research, and clinical practice on _____ as required for
Date
 graduation by _____
Name of Institution
 and was granted a _____ degree.

Signed and the college seal affixed this _____ day of _____, _____.
Month Year

BY _____
Signature of Registrar or Program Director

TYPE or PRINT your name

School Seal MUST be Imprinted

[S E A L]